

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **ANDREW J. RIES ET AL.**  
TITLE: **SMALL FORMAT CONNECTOR CLIP OF AN IMPLANTABLE MEDICAL DEVICE**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, \*EXPRESS No. EV 323 972 135 US, on this 31<sup>st</sup> day of July, 2003.

MOLLY CHLEBECK  
Printed Name Molly Chlebeck  
Signature

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 24 (including claims and abstract: Spec. 18 sheets; Claims 5 sheets; Abstract 1

X Drawings:

Total sheets: 7

☐ formal ☒ informal

☒ Combined Declaration and Power of Attorney:

☒ executed

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

☐ Notification of filing a

☒ Assignment of the Invention to Medtronic, Inc.

☒ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
of prior application Serial No. \_\_\_\_\_.

☐ Amend the specification by inserting before the first line the sentence: This application is a \_\_\_\_\_.

☐ Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee.  
(At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: \_\_\_\_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

☒ Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455  
Telephone: (763) 514-4842  
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FEE CALCULATION	No. of Claims			No. of Extra Claims	Rate	Fee
	Filed	Claims Included in Base Fee				
Total Claims	28	20	=	8	x 18	\$144.00
Independent Claims	2	3	=	0	x 84	\$0.00
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$750.00
					TOTAL	\$894.00

☒ Charge Deposit Account No. 13-2546 in the amount of **\$894.00** for the filing fee and extra claims fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

July 31, 2003  
Date

  
\_\_\_\_\_  
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